

# The Times and Register.

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## Original.

### PRESIDENT'S ADDRESS.

DELIVERED BEFORE THE AMERICAN MEDICAL ASSOCIATION AT THE FORTY-FIFTH ANNUAL MEETING HELD AT SAN FRANCISCO, CAL., JUNE 5, 1894, BY JAMES F. HIBBERD, M. D., LL. D., RICHMOND, IND.

Members of the American Medical Association:

A year ago in the great city of Milwaukee, on the shore of the inland sea, it was my privilege to express my surprise and offer my thanks to the members of the American Medical Association for the distinguished honor conferred by elevating me to the presidency of this paramount medical society of the United States, and to-day in the great city of San Francisco, within sound of the surf on the eastern shore of the wide Pacific Ocean, I rise to iterate the expression of my appreciation of the honor bestowed and again to extend thanks therefor.

We are assembled here this morning to open the forty-fifth meeting and celebrate the forty-seventh anniversary of the organization of the American Medical Association; to continue the noble work it has successfully prosecuted all the years of its existence; to commune professionally and declare the progress of medicine during the association year just ending; to fulfill the service of the present association programme and to arrange for a fresh one for our successors; to greet old friends and make new acquaintances. And we come to our duty this morning with buoyant spirits, invigorated by the inspiring scenery we have traversed since leaving our homes, our stay here made prospectively profitable by the scientific menu our programme presents, and our social and scenic enjoyment of richest promise

through the thoughtful labor and esthetic taste of our efficient committee of arrangements, the nature and extent of which has just been rehearsed by its chairman.

We are not here at the time nominated at Milwaukee. Soon after the adjournment last year the statement was made that if the meeting this year should be held on the first of May, as ordered, time would not be afforded State societies to act on the question of the revision of the code of ethics, as had been recommended by the association, and change of the date of this meeting was suggested. This sentiment increased and other reasons for the change were added. The pressure growing stronger and more urgent, conferences were held in Washington during the session of the Pan-American Congress. Many consultations were held at other times and places, and much correspondence was had without finding any opposition to the change and accordingly it was made, and published in the Journal of the association, November 11, 1893.

At every annual meeting the officers of the association, particularly the permanent secretary and the treasurer, have difficulty in appeasing delegates who are not received because the credentials presented by them have not been issued by a society entitled to representation in the association. The law regulating this matter is plain, to wit: "The delegates shall receive their appointment from permanently organized State medical societies, and such county and district medical societies as are recognized by representation in their respective State societies."

The difficulty lies in the fact that some of the State societies are not representative bodies, and consequently this constitutional provision cuts off all delegates from such States except those

commissioned by the State society itself. While this is the letter of the law, it is not the spirit that animates the organization of the association. The constitution should be revised in this particular at least. There are two ways of overcoming the trouble; first, strike out the words "representation in" from the constitution where it prescribes the qualifications of delegates, leaving all such county and district medical societies as are recognized by their respective State societies fully authorized to commission delegates to this association. The other and better plan would be for every county society in each State to be represented in its State society. Facile methods of accomplishing this can readily be selected. Perhaps the plan of organization so long in successful and satisfactory operation in Indiana might serve as a paradigm. There each county has its society, known by the name of the county, and the State society is composed of all the members of all the county societies, delegates to the State society, and at the same time nominates delegates to the American Medical Association, who are commissioned by the State society. This simple plan secures substantial autonomy to the county societies, and provides for equal representation in this association from every part of the State. Every member of every county society can attend the meetings of the State society and participate in all business except voting. This seems to me both theoretically and practically adapted to a complete organization of the profession in every part of the Union, and if this association at this session would formulate a scheme similar in spirit and in terms and recommend it to the consideration of such State societies as do not now have an equally serviceable organization it would, in my judgment, be doing a good work, sowing seed that would bring forth sound fruit in the future. In Indiana the State society and each county society is a legal corporation; and, while this is not essential to its methods of organization of the profession of the State, it is to my mind desirable.

In this connection I desire to lay before you some thoughts touching the arrangement of subordinate medical societies in their relation to the American Medical Association. Every medical man who belongs to any medical society

should belong to a county, or an equivalent medical society, and every member of a county society should be ipso facto a member of his State society, and this as open-sesame to the American Medical Association. By this arrangement all reputable physicians in the United States would be brought together in a common guild, whose power to do good within its legitimate sphere would be limited only by its aggregate wit and energy. Such a consummation would place this association in a position to fulfil the mission hopefully anticipated for it by its earnest and patriotic founders, and would elevate the American profession to a plane for useful work, the highest conceivable for the disciples of scientific medicine.

This would in nowise interfere with the organization of medical men devoted to special lines of practice or investigation; indeed, the more of these, and the more special their fields of labor and inquiry, the more rapid will be the development of medical knowledge, the nearer will expert art approach to perfection, and the greater will be the blessing to humankind. In these special and limited societies there will be a concentration of thought and labor that will yield results advanced and true to a degree beyond hope for a more promiscuous assembly.

All the adherents of the special organizations will be members of county societies, and thereby of their respective State societies, whence, for the asking, they can step through the portals of this association and find in our sections a department already organized and at work into which they can enter, each according to his tastes or qualifications, and feel at home among fellow laborers.

A member of either of these special organizations, entering the appropriate section, will find himself in the midst of all the members of the Association, whose tastes run parallel with his own, whether specialist or general practitioner, and it is this mingling of these sundry classes of investigators and practitioners, exchanging views and detailing experiences, that creates the vast stores of profit and pleasure so much enjoyed at our annual meetings. In this scheme for the organization of the American medical profession is there not promise enough to make us hope and labor for its early consummation?

A sentiment was expressed last year at Milwaukee by a member, and has, I

think, some currency among other members, that indicated a misconception of the character and personnel of the sections as I view them. The sentiment was uttered in a private discussion of the propriety of conferring on the Business Committee the functions of the Nominating Committee, and was substantially this: My colloquist said, "The Business Committee is made up of ex-chairman of sections; the sections are in the hands of the specialists; the specialists reside in the greater cities and, consequently the Business Committee will be constituted of special practitioners who hail from the greater cities and some of the cities are great enough to furnish half a dozen chairmen at once. This will not only exclude general practitioners from a vote in the selection of officers of the association, but may, by chance or design, place the general business of the association under the management of specialists from a few of the more important cities of the country." The error of this representation lies in the fact that its entertainers fail to recognize that the aggregate membership of the sections at each annual session is the total membership of the association in attendance. True, in each section there will be members of the special society, whose work is the same as that to which the section is devoted, and there will be others whose engagements are limited to the same line of practice, but these combined, except in two or three sections, will not number more than a small minority, probably not a tenth of those enrolled in the section; the other nine-tenths will be general practitioners whose professional proclivities have directed them to the section, and these general practitioners have the power by their votes, the right by virtue of their membership and the obligation under their duty to the association to elect the best man in the section to its chairmanship without inquiry whether he lives in a big city, a little city or a hamlet, and in so doing will make it patent to every thoughtful mind that the personnel of the Business Committee will be selected under conditions to insure as intelligent, as well distributed and trustworthy a committee as the association can secure. And, moreover, the function of a Nominating Committee is to nominate, not elect; confirmation or substitution is in the

authority of and always exercised by the association. I am led to present this subject in this light and to this extent because I feel that a majority of the members recognize the imperfections of our present mode of selecting the Nominating Committee and realize that the welfare of the association calls for a committee to exercise the important functions of the Nominating Committee, which has elements of permanence in its organization and whose personnel has been selected with something of deliberation.

When Dr. George M. Steinberg was appointed surgeon general of the army in May last he made two innovations in the administration of the affairs of the office: First, in establishing an Army Medical School to give passed candidates for appointment to the army laboratory practice in bacteriology, sanitary chemistry and other essential instructions for military service. Second, the position of attending surgeon in cities having good facilities for medical improvement he filled with young men who were preparing for promotion.

These changes did an excellent work that was accomplished without additional expense to the government; the Museum and Library Building furnished the rooms, and the medical officers on duty in Washington did the teaching in addition to their regular work. But the number of active young surgeons about Washington and other cities attracted observation and led the chairman of the Committee on Military Affairs to conclude there was a surplus of assistant surgeons, and in his report to the House he reduced the number from 125 to 90, thus inhibiting fresh appointments until the number shall be so reduced. This recommendation has passed the House and if it should be approved by the Senate will greatly embarrass the medical service of the army and in the end be a detriment to the country, because many military posts will have to depend on civil physicians for medical attendance and in case of war these would not take the field, and the army would be without trained medical officers, which would be as serious an evil as unskilled officers in any other department. When these facts were pointed out to the chairman of the committee by other members with better knowledge of practical military affairs the chairman replied that no one outside the army surgeons had complained, not a single medical society had claimed that any injury would result.

Let the American Medical Association at once call the attention of Congress to the mistake threatened.

To be continued next number.

## ADDRESS

OF THE CHAIRMAN OF THE SECTION  
ON OPHTHALMOLOGY OF THE  
AMERICAN MEDICAL ASSOCIATION.  
ALBERT R. BAKER,  
M. D., CLEVELAND.

One of the great faults of our medical societies is the occupation of the time in reading papers and participating in discussions which for the most part are the mere quoting of authorities and presenting of views that are not new.

The chairman is, however, a privileged individual in this respect, as he is either expected to present a resume of the present status of our science or make a few general platitudes that may serve to open the meeting of the section, and if possible put us in good humor with ourselves and our profession. It would be fortunate if all of our old straw could be thrashed out in this one address, so that the remainder of our time could be profitably spent in the presentation of original observations and participating in discussions that might prove of permanent value to each of us. And yet, an occasional review of what has been done by our predecessors often proves of inestimable value, and nothing like an extensive acquaintance with the literature of the subject so effectually prevents the presentation of poorly prepared and incomplete observations "as new truths." I have had occasion to remark that it is much easier for me to prepare a paper on some other subject than those pertaining to the eye, and I suspect the reason is because I know less about what has been done in other directions. Because the thing is new to me, I am tempted to present it as new to others.

A few years since, when the treatment of granulated lids by "Grattage" was proposed, I was reminded of the treatment recommended by St. Yves\* for a similar condition nearly two hundred years ago. He says: "It is to be noticed that the spots and ulcers and certain abscesses of the cornea transparent, attended with an inflammation of the conjunctiva are more speedily cured by bleeding of the eye, than by any other means. Notwithstanding, in some cases

it is not proper as practice evinces. This bleeding of the eye is performed in different manners. Some take a bundle of oat-blades and make a kind of brush with which they scrape the conjunctiva and so scarify it. (Grattage). Others pass a covered lancet between the globe and eyelid and scarify the cornea (Scherevotic) with it. Others glide a crooked needle under the varicose vessels which communicate with the spot, ulcer or abscess and cut the vessels which creep on the conjunctiva. This last operation is the surest and least painful." Have we anything better to propose to-day?

Since Richard Banister, master of surgery, oculist and practitioner of physic, published his little book of twenty-three pages on the preservation of the "Eye Sight" three hundred years ago, in which our illustrious predecessor gave the regime he thought necessary to preserve the sight, together with the chief lotions, syrups and juices that should be applied to eye diseases, we have made wonderful progress, and yet we must confess there are many points needing elucidation that will require the most patient study on the part of an anatomist-histologist-physiologist-pathologist and clinical observer.

Who will give us a clear and rational description of the course and termination of the intra-cerebral fibres of the optic nerve? Who will explain to us the cause of sympathetic ophthalmia? What are the relative functions of the rods and cones? Who will give us a good working theory of color perception? One that will explain color blindness.

Why is it that after the canaliculus is slit and large probes passed that the tears continue to overflow? What operation for cataract extraction is the best? The last word has not been said on heterophoria and errors of refraction, as we shall doubtless learn before the close of this meeting. These and numerous other important problems require our most careful consideration.

In order to solve these questions we cannot be guided entirely by our own experience. Many of them cannot be answered by one generation and need not only the experience of ophthalmologists of the present, as well as the past, but that of the entire profession, including the labors of chemists, physiologists, physicists and men engaged in

\*A new treatise of the diseases of the eyes by M. De St. Yves, translated from the original French by J. Stockton, M. D., London, 1741.

every department of scientific research. It will be a most unfortunate step backward if we, as ophthalmologists, should permit ourselves to be segregated from the great body of the medical profession as the oculists have been in ages past, or as the dentists are now.

One of the most interesting chapters in Richard Banister's book\* is devoted to the exposure of what he calls "proud, quack-salving mountebanks, that would undertake all cures, and perform few." He says further: "In the methodically practice and cure of blind people by couching cataracts our English oculists have always had an especial care, according to arts, to couch them within doores, out of the open aire, to prevent further danger. Yet some of these mountebanks take their patients into open market, and there, for vain-glories' sake, make them see, hurting the patient, only to make the people wonder at their rare skill. Some others make scaffolds, on purpose to execute their skill upon, as the Frenchmen and the Irishman did in the Strand, making a trumpet to be blowne before they went about their work."

Much of the prejudice (and with justice) against oculists who treated diseases of the eye exclusively has been handed down almost to our own day. Only a few years ago a most bitter fight was made against Dr. Nettleship's appointment on the staff of the Royal London (Moorfield's) Ophthalmic Hospital. The only objection of any weight urged against his appointment was that he is not a general surgeon.

An interesting parallel between the separation of the oculist from the general profession of old and the present tendency in that direction might be drawn. The tendency at present is to make expert opticians, but poor oculists. We must be something more than spectacle peddlers. We must keep in touch with the general profession. In order to do this we must not only have an extensive knowledge of general medicine and surgery, but we must insist upon better education of medical students in eye diseases.

To be continued next number.

\* A Treatise of 113 Diseases of the Eyes and Eye Lids, by Richard Banister, Mr. in Chyrurgery, Oculist and Practitioner in Physicke, published for the second time in 1622.

## SUPRA PUBIC HYSTERECTOMY.\*

BY DR. JOSEPH EASTMAN, M. D.,  
LL. D., OF INDIANAPOLIS.

The Doctor did not follow the usual custom of reporting progress in obstetrics and gynecology which had been done so often and so ably by his predecessors. He viewed his subject from personal observation and clinical research. The doctor favored extirpation of almost the entire uterus, an operation devised by him in 1887 by passing a large cautery three times through the little cervix left, and inserting a rubber drainage tube for vaginal drainage.

The old adage that the qualifications of a surgeon were "the head of an Apollo, the eye of an eagle, the heart of a lion and the hand of a woman" is eminently true, especially as regards him who would seek to be successful in removing fibroid tumors. The head to plan and to meet the surprises which spring on us during such work; an eye to see quickly the exact constriction of every ligature and adjustment of every suture; the lion heart to forge forward in this aggressive work when our per cent. of recoveries might be better were we to let fibroids alone, especially bad ones; the nimble within the ends of the fingers, backed by an indomitable will to skillfully and speedily perfect the last suture with the same precision as the first, make a combination of qualifications suggesting that the surgical type of a man is not to be found 13 times in a dozen. No operation so thoroughly demands that the trinity of surgery be carried out, through preparation of the patient, through operating, and skillful after treatment.

As American surgeons we have the right to be proud that no other nation leads us in the originality of methods or successful results in removing fibroid tumors. Almost every State in our Union has operators who would venture to give a woman with a fibroid tumor the chances of life which surgery offers. With a more thorough and perfect understanding of the essential anatomical conditions which make an abdomen containing a fibroid tumor different from one containing an ovarian cyst, with the realization of the ideal method applicable

\*Abstract of address of Chairman of the Section on Obstetrics and Diseases of Women, at the San Francisco meeting of the American Medical Association, June 5-8, 1894.



alike to all fibroid tumors, regardless of their morphology, an operation as successful in the hands of the many skilled operators as the few, may we not hope to say with all sincerity that fibroid tumors can be removed with the same low rate of mortality which has placed ovariotomy among the brilliant triumphs of the century? Then shall the torch lighted by McDowell in the midnight darkness shine forth with resplendent glory in this brilliant noonday of abdominal surgery. The century which in a few days will have rolled on to eternal past has placed in the magnificent temple of medicine many pillars of surpassing beauty and grandeur, while its surgical columns have risen high toward Heaven, where, as gilded towers, they fain would vie with the God-given sunshine in dispelling the chill and gloom of human agony. Abdominal surgery is proud of her past, because it is prophetic of her future. Even now in the vital present it shall stand forth unchallenged as the crowning glory of all science and all art.

Chirurgia's tower, thy lights resplendent blaze,

Dries womans' tears and lengthens out her days.

McDowell and Sims, of our Columbia's clime

Began the work, moved onward, nigh sublime.

To women then, these blessings shall be given,

Queen of our home, and home the type of Heaven.

#### THE NERVOUS SYSTEM IN DISEASE.\*

BY C. H. HUGHES, M. D., ST. LOUIS.

The doctor congratulated the association on the part American medicine had taken in the scientific triumphs of the closing century. The time has been "when the brains were out the man would die." But we have changed all that. With judicious neurotic council, profound anatomical knowledge and skilful surgery science now penetrates to the dwelling place of thought and volitional motor impulses in the cerebral cortex, enabling perishing victims to be saved by the helping hand of modern cerebral surgery and neurology. Not

being able to give even an outline of the medical progress of the day, the doctor limited his attention to points in the practice of medicine from the standpoint of a neurologist. He believes that discomforting, distressing, disastrous and often fatal disease, la grippe to be a toxic neurosis, in its early stage a nervous fever, its later symptoms depending on the centres specially touched by its toxine. Because of the gravity of the nerve prostration and the nervous sequelae the patient should be put to bed and kept there till the fever storm is over, and in the house much longer, in order to conserve the fighting energy of the assaulted nerve centres. Dyspepsia was considered as a brain disease, and belongs to the brain-working, brain-worrying and nerve-tone exhausting class, to those who bother their brains and eat little or much rather than to those who gormandize, to those who burn the midnight oil in study, do not sleep much from fret and worry and from cankering care, rather than those who tarry long at the wine and the bon vivant. It belongs to men of affairs, and women of care, to the infelicitous and the disappointed in hope and ambition, those whose cerebro-spinal systems are inordinately strained and inadequately repaired in life's battle, so that their lower corporeal functions suffer from defective innervation of the viscera concerned in the maintenance of organic life, and whose cerebro-spinal systems consequently reciprocally suffer from defective appropriating power and inadequate nutrition, but starvation alone seldom develops dyspepsia. We swallow, we digest, we sob, and vomit by means of vagus fibres, and its fibres go to the coeliac plexus, the spleen, the liver, the kidneys and the small intestine.

The importance of early recognizing neurasthenia a nineteenth century evolution was dwelt upon. The relation of neural overstrain to cancer and consumption have lately received renewed consideration since the writer first called attention to this singular fact in the cases of General Grant, Napoleon Bonaparte, Thomas H. Benton and others. He believes, as he many years ago stated, that a breakdown in the central nervous system by which its trophic and resisting powers are greatly lessened makes possible and precedes all cases of cancer.

The following subjects were discussed in extenso, but can only be enumerated here. The nervous system and the liver. Leukemia as a neurotrophic blood disease. Bad temperature and fever dependent on the conditions of the nervous system. The treatment of inebriety. Certain heart affections proceed from the brain. Neurodermatological advance. Hysteria. Physiological rhythm.

\*Abstract of address of the Chairman in Section on Medicine of the American Medical Association, at San Francisco, June 5-8, 1894.

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PHILADELPHIA, JUNE 9, 1894.

### A MEDICAL LAW IN MASSACHUSETTS.

The Massachusetts Legislature has just passed a law "to provide for the registration of physicians and surgeons." We give the substance of the first seven sections briefly, as they relate chiefly to the appointment of a Board of Registration, and its duties. The last five sections are given entire.

The law empowers the Governor to appoint, with the consent of the Council, seven persons, who are legal graduates of chartered medical colleges, and who have been actively engaged in the practice of medicine for ten years, who shall constitute a Board of Registration. Not more than three members of the board shall at one time be members of any one chartered State medical society. No member of the board shall belong to the faculty of any medical college or university.

The secretary is required to give a bond in the sum of \$5000 for the faithful discharge of his duties. The board shall hold three regular meetings in a

year, on the second Tuesday of March, on the second Tuesday of July, and on the second Tuesday of November, and such other meetings and at such times as it may determine.

The board is required to notify all persons practicing medicine in the Commonwealth of the provisions of this act, by publication in one or more newspapers in each county, and every person practicing medicine, who is a graduate of a legally chartered medical college or university having the power to confer degrees in medicine, and every person who has been a practitioner of medicine in this Commonwealth for a period of three years next prior to the passage of this act, shall, upon payment of a fee of \$1, be entitled to registration, and the board shall issue a certificate to that effect, signed by the chairman and secretary.

Any person not entitled to registration under this provision is entitled to an examination, upon payment of a fee of \$10, and if found qualified by four members of the board, shall receive a certificate and be registered as a qualified physician. If he fails at the examination, he may be examined again within two years without any additional fee, and thereafter he may be examined as often as he may desire, upon the payment of \$10 for each examination. The board may at any time revoke a certificate for criminal cause, the same having been proved in a criminal court.

The board is required to investigate all complaints of disregard or violation of the provisions of the act, and to bring such cases to the notice of the proper prosecuting officers.

Section 8. On and after the first day of January, in the year eighteen hundred and ninety-five, the board shall examine all applicants for registration as licensed physicians or surgeons in this Commonwealth. Applicants must give satisfactory proof of being twenty-one years of age and of good moral character; and every applicant who is a graduate of and has received the degree of doctor of medicine from a legally chartered medical college or university having power to confer degrees in medicine in this Commonwealth, shall be entitled *prima facie* to be registered under this act upon payment of the fees herein provided.

Section 9. Examinations shall be, in whole or in part, in writing, and shall

be of an elementary and practical character. They shall embrace the general subjects of surgery, physiology, pathology, obstetrics and practice of medicine, and shall be sufficiently strict to test the qualifications of the candidate as a practitioner of medicine.

Section 10. Whoever, not being registered as aforesaid, shall advertise or hold himself out to the public as a physician or surgeon in this Commonwealth, by appending to his name the letters "M. D." or using the title of doctor, meaning thereby a doctor of medicine, shall be punished by a fine of not less than \$100 nor more than \$500 for each offense, or by imprisonment in jail for three months, or both.

Section 11. This act shall not apply to commissioned officers of the United States army, navy or marine hospital service or to a physician or surgeon who is called from another State to treat a particular case, and who does not otherwise practice in the State, or to prohibit gratuitous services; nor to clairvoyants, or to persons practicing hypnotism, magnetic healing, mind cure, massage methods, Christian science, cosmopathic or any other method of healing: Provided, such persons do not violate any of the provisions of Section 10 of this act.

Section 12. For the purposes of the appointment of said board, and of registration of persons by it hereunder, this act shall take effect upon its passage, and shall take full effect on the first day of January, in the year eighteen hundred and ninety-five.

#### MORPHOLOGY AS A FACTOR IN THE STUDY OF DISEASE.

At a recent meeting of the Association of American Anatomists in Washington a paper was read with the above title, by Dr. Harrison Allen. He said: "The best single conclusion to be drawn from the study of morphology as a factor in the study of diseases is its value to humanity. The scientific study of race in connection with diseased action is almost an unbroken field. When this comparative phase of anatomy shall have been formulated, we shall for the first time have a reasonable hope that the subject of human acclimatization, the geographical study of diseases, the causes and motives of migration, and

thus, indirectly, the history and destiny of man himself, may be in shape for elucidation."

Dr. Thomas Dwight, in discussing the paper, stated that "the statics and mechanics of the skeleton, the action of muscles, are becoming daily more important to the orthopedic surgeon and to the neurologist. The anatomy of childhood is still almost in its infancy. Though not quite helpless, it has not yet made its way into text books, but hides itself bashfully in scattered papers and monographs. A more thorough knowledge would be of great value to the practitioner in children's diseases."

Dr. Frank Baker followed, and said "that morphology was throwing a light upon a vast variety of subjects connected with the domain of medicine, not only upon the causes of disease, but upon the action of cells, the problems of therapeutics, the very springs of life, and the laws that underlie heredity, development, training and education. It was a growing science and one that was destined for a great future, promising much for the elucidation of the highest problems of medicine."

Dr. Burt G. Wilder spoke in strong corroboration of what Dr. Baker had said about the human body not being regarded as a completed structure. And that it is our duty and privilege to improve it by the obliteration and elimination of that mantrap and deathtrap, the appendix to the intestines.

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### Correspondence.

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#### HOT WATER IN GYNECOLOGY.

Sir: In this year of grace and dawn of the twentieth century and the forty-fifth year in my practice of medicine and surgery I feel like attempting to fill a gap in the alternative of gynecology. It is a short essay on the use of hot sterilized water in the treatment of female diseases and obstetrics.

Females, by universal consent, use hot water to promote the menstrual flow, but never to arrest it, but it is surely the duty of our profession, as leaders in sanitation, to explain to our patients why and to what extent we should use it. We find that in all uterine hemorrhages there is no permanent hemostasis accomplished until the uterus is empty. So that in the use of hot steril-



ized water we have the very best agent to eliminate the contents and cleanse the uterine cavity, relieve congestion and prevent inflammation and promote the proper function of the organ. Difference in periods of utero-gestation, malposition of uterus and slow dilatation of the os are all hindrances to digital relief, while sterilized hot water, through a silver tube, is practicable and safe for the speedy deliverance of the patient in all conditions.

It has been one of the promptest and most efficient remedies as an antiphlogistic in metro-peritonitis with septicemia in correcting unhealthy discharges and arresting blood poisoning.

The temperature of the water is regulated by the tolerance of the patient. It should be as high as patient can bear. It is so easily obtained and readily applied that it has proved in my hands to be the best of remedies in establishing healthy action and accomplishing a cure. I use no instrument but a male catheter, No. 8 to 12, of coin silver. Introduced into vagina or uterus, according to the location of the lesion, and attach a Davidson's pump syringe, I can fill the uterine cavity. Remove the syringe, and let it flow out through the catheter. Repeat as often as is necessary to cleanse and produce asepsis. Lower the temperature to an antiphlogistic condition. There is no limit to its frequent use. No other remedy so quickly relieves your exsanguined patient as this supply to an empty circulation.

It is truly gratifying after hope has almost fled to see the eyes brighten. A smile kindles the face as the patient says "I feel so much better."

S. M. R.

## Here and There.

BY ERNEST B. SANGREE, A. M., M. D.,  
PHILADELPHIA.

The ordinary face of the patent medicine patient as depicted in the newspapers, whether a "before" or "after" countenance, is often such as to attract one's attention on account of its singular dissimilarity to any thing human. The other day, however, I saw in a weekly publication what was to me the prince of such faces; or as it was that of a woman, perhaps it would be

more proper to say "princess." It purported to be that of an oldish woman who testified to the remarkable efficacy of Lydia Pinkham's Compound.

Yet when looking at this frightful visage, the thought struck me that it would perhaps have been better for Lydia's panacea to fail in at least this one case than to have preserved these shocking features to the daily terror of this woman's neighbors and the misery of a long-suffering public.

Speaking of patent medicine testimonials causes me to wonder whether people would be so free to give their names as having been cured of long-standing ulcers and sores, of falling hair and swollen glands, if they knew that the "blood purifier" they so loudly praised had contained the necessary ingredients for taking effect on the well-marked case of "secondary" or "tertiary" they were carrying about.

It seems that even so common and simple an operation as that for cataract cannot be grasped by the lay reporter. The intelligent London correspondent of one of our Sunday papers, speaking of the cataract operation on Gladstone, referred to "taking the film off."

Another case of burial alive was reported in the daily press a short time since. We are so accustomed to these fictions that we place no credence in the bona fide looking telegrams, though they may be from a place not a hundred miles distant. At the same time there is always a possibility of truth, as there are on record several instances that are authenticated beyond a doubt.

Physicians are sometimes slightly put to their wits to find a suitable excuse for neglecting an office patient when wishing to devote a few minutes to something else, but a Walnut street specialist quite distinguished himself in this line with one of his lady patients the other day. He was about to treat her foot with electricity, and she had just removed her stocking in preparation, when the mail arrived. Desirous of reading one of the letters immediately, this diplomat tried gracefully to secure time by saying in his most professional tones: "Just expose your foot to the atmosphere for a little while."

## Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

### STRANGULATED HERNIA.

At the meeting of the *Société Chirurgicale*, M. Segond spoke on the choice to be made between an artificial anus and resection of the intestine with subsequent suture in the treatment of gangrene of the gut following strangulated hernia. For him, he having tried both operations, he preferred establishing at first the artificial outlet, and when the patient has sufficiently recovered from the shock and the prostration produced by the affection, he endeavored to improve the position of the man by resection and suture, and so relieve him from a very disagreeable infirmity.

M. Terrie said that he entirely agreed with M. Segond, as resection of the intestine was always a very grave and tedious operation. Yet he could not forget the results obtained by M. Murphy with his new method of entero-anastomosis, which succeeded in seven out of eight operations. Further, the operation is very simple, as it only lasts about 15 minutes. M. Terrier thought it would be well to try this method, for if it succeeded, as reported by Murphy, the treatment of strangulated hernia would be singularly modified.

—The Medical Press.

### THE CONSERVATIVE TREATMENT OF DISEASES OF THE UTERINE APPENDAGES.

As to the conditions and within what limits conservative surgery may be practiced, he says: "When, after the operation of laparotomy in response to clinical indications, we find ourselves in presence of lesions which have profoundly disorganized the appendages; as, for instance, a pyosalpinx with abscess of the ovary; or, again, an entire cystic transformation of the ovary, and parenchymatous alteration of the fallopian tube, it goes without saying the only thing practicable is ablation. But in many cases operators practice extirpation for less serious lesions.

Suppose the case in point to be a hydrosalpinx, with relative integrity of the ovary, simply strewed with small follicular cysts the size of a pea; or

else suppose the fallopian tube to be found intact and permeable in all its extent, while the ovary alone is found to be attacked by diffuse ovaritis, sclerosis, and microcystic degeneration; or containing cysts larger, but limited. Certainly in cases of this kind total extirpation may appear too radical a procedure. In point of fact, a certain quantity of normal ovarian tissue still remains, and the fallopian tube is permeable, or susceptible of becoming so. We may then conceive the hope of preserving a part of the ovary, and restoring the functions of the oviduct in re-establishing its orifice and calibre. The first of these hopes has led to partial resection of the ovary; the second has given birth to salpingostomy, or re-establishment of an artificial ostium by partial resection of the fallopian tube.

I hasten to say that I have no faith in operations performed with the hope of restoring the functions of a diseased fallopian tube. I believe that once having been attacked by acute inflammation it has become definitely incapable of fulfilling its physiological role. The abdominal aperture may be reopened by detaching the agglutinant fringes, or even an artificial orifice created at the side of the normal one now obliterated, as Skutsch and Martin have done. But I believe this work to be useless, as is easily proved by the following considerations: In the first place, the calibre of the fallopian tube, momentarily re-established by catheterism, will always have a tendency to be obliterated again; also, even were the calibre to remain fixed, it would not suffice to assure the migration of the ovules. The role of the fallopian tube is not that of an inert duct; this tube is essentially active; the integrity of its texture, the persistence of its vibratile epithelium, and its contractile fibres are conditions indispensable to its functions. Thus an inflammation of some duration must surely destroy or definitely paralyze these active elements.

For these reasons I eliminate partial resection of the fallopian tube from the number of conservative operations. I believe that these may be attempted only

when the tube is healthy, the ostium open, and its calibre permeable. In other words, I consider partial resections justifiable for the ovary only.

I shall not be long in demonstrating that a small quantity of ovarian tissue suffices to assure the regularity of menstruation and to permit fecundity. The richness of ovules in this organ is well known; however small may be the fragment preserved, it contains thousands of germs.

In the case of partial resection of the ovary the persistence of menstruation is constantly remarked, and several observations prove that its fecundity is preserved. It remains to be determined in what cases of lesions of the ovary a partial operation may be made, and to decide the nature and technique of this operation. I would establish as a general rule that whenever the fallopian tube is healthy, and the ovary alone diseased, we must endeavor to preserve a part, and only at the last extremity

#### ABSCCESS.

Never try fluctuation across a limb, always along it.

Never forget that:

1. Abscesses near a large joint often communicate with the joint.
2. Abscesses near a large artery sometimes communicate with the artery.
3. Abdominal wall abscesses sometimes communicate with the gut or the solid viscera.

Never forget that early openings are imperative in abscesses situated:

1. In the neighborhood of joints.
2. In the abdominal wall.
3. In the neck, under the deep fascia.
4. In the palm of the hand.
5. Beneath periosteum.
6. About the rectum, prostate and urethra.

To wait for abscesses to "point" or to "burst" in these situations is culpable as well as cowardly.

Remember the frequency with which hematoma and traumatic aneurism have been mistaken for abscesses, and incised with untoward results.

Do not open an abscess anywhere near a large artery without first using a stethoscope, and then, only by Hilton's method (i. e., scalpel, director and dressing forceps).

Never, under any circumstances, use for exploratory puncture "that surgical abomination—a grooved needle"—for it will allow contamination of all the tissues through which it brings the fluids. (Thornton.)

Never plunge in opening abscesses; never squeeze the sac after doing so.

Do not forget that your incision should radiate:

1. In abscesses pointing near the nipple.
2. In abscesses near the anus.
3. In scarifying the chemosis of the cornea.

And that your incision should be longitudinal:

1. In the hand.
2. In the urethra.
3. On the vertex.

Do not forget that incisions for abscesses in neck and face should run parallel with the wrinkles and folds.

Do not be afraid of hurting the lacteal tubes in mammary abscess. More harm is done to the gland by the enlargement of the walls of the abscess than by a free incision.

Never make a palmar incision except in the middle of the lower third and in the axial line of the fingers or at the sides of the palm.

Do not forget, in opening a deep abscess in the lumbar region without the projection of the abscess, to cut down opposite a transverse process, not between them, for fear of wounding a lumbar artery.

—Atlanta Med. and Surg. Journal.

#### ERRATA.

We are always sorry that errors of any description should occur in our columns, but when they do occur we are glad to make amends by correcting the same as soon as possible. As the manuscripts we receive are not always typewritten often errors occur which are excusable.

On page 335, May 26 issue, first column, sixth paragraph, read "abdomen" in place of "obdurate."

On page 343, June 2 issue, second column, middle of second paragraph read "cardiac dyspnea" instead of "cardiac dyspepsia." On page 351, second column, title of article read "Branchial" instead of "Bronchial."

## Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

### AN OCCULT PHYSICIAN.

In a small churchyard in the hamlet of Bersted, Kent, rest the remains of an erudite exponent of the mysteries of Theosophy. His name was Dr. Robert Flood, or Robertus de Fluctibus, and he was known as "the English Rosicrucian." He was the author of numerous philosophical and theosophical works, which are eagerly sought by readers of the curious. He was also a famous physician, as, indeed, were many other students of the occult sciences, to wit, Cornelius Henry Agrippa, John von Helmont and Dr. Henry More. Flood was a son of Sir Thomas Flood, treasurer of war to Queen Elizabeth, and he bore a striking resemblance to his contemporary, Shakespeare.

Among his literary productions were several quasi-medical theses, "Anatomia Theatrum triplici effigie designatum," "Medicina Catholica seu, Mysterium Artis Medicandi Sacrarium," and "Pathologia Demoniaci;" but the majority of his works bore especial reference to Rosicrucian mysteries, and he indulged in the loftiest and sublimest philosophical speculations. Among his writings may be found the following quaint, beautiful conceit of the Rosicrucians respecting music.

"The Rosicrucians contend that music or melody pervades all nature, and is the wail or plaint of the instinctive soul for its 'Lost Paradise.' It is the atmosphere of the spirits; and discords represent the inharmonious strife amidst the sounds in which malevolent spirits are stimulated to their evil courses. According to the Cabalists, music is essentially a power; through it, originally, everything was possible, as the gift of God; and He created the world by its means. Music is always present, though man cannot hear it, except when apprised by his senses. But his heart is its home—if he has one, and not a mere animal's mechanical throbbing machine. The air is always replete with music, and we extract it thence by scientific commotion of the atmosphere through the agency of musical instruments."

Dr. Flood graduated at Oxford, and was a member of the London College of Physicians, M. B., M. D., B. A. and M. A. He practiced medicine in Coleman street and afterward in Fenchurch street, London, and died in 1637, in the reign of Charles I.

LOUIS LEWIS, M. D.

### NEW REMEDIES OF LAST YEAR.

The following extract from Treat's Medical Annual section of "Progress in Pharmacy" furnishes briefly some accurate facts on the latest new remedies:

Chloralose, a compound of glucose and chloral; recommended as a hypnotic, and favorably reported after clinical trials by European and American investigators; has recently received a serious set-back, however, by adverse reports—including cases of poisoning.

Crystallin, a compound of ether and methyl-alcohol, a substitute for collodium; the advantages claimed for it are that it evaporates more slowly than collodium, forms a more durable and pliable or elastic covering, etc.

Di-odoform, a compound of carbon and iodine (about 96 per cent. of the latter); a new odorless substitute for iodoform, non-irritating, and as good a healing antiseptic as iodoform.

Ferratin, presenting artificially the "iron component of animal food;" a dietetic iron preparation from egg-albumen and iron salts with the aid of alkalis; containing 7 per cent. of iron; a brownish-red powder, almost odorless and tasteless. Easily assimilable, nourishing and strengthening, it is a food and blood tonic, highly recommended for anemia, chlorosis, loss of appetite, etc.

Sanguinal, another blood preparation, said to be a defibrinated, boiled-down blood with hemoglobin, consisting of 46 parts natural blood-salts, 10 parts oxyhemoglobin, and 44 parts peptonized muscle-albumen; it can hardly be a savory morsel, and is dispensed in palatable tablets—for that reason, probably.

Somatose belongs in the same category; it is a nutritive product, 1 part representing 6 parts beef; occurs in granular powder form, easily soluble in water—so that it can be readily added in drink or food without patient's knowledge; is quickly absorbed, light on the stomach, and strengthens and nourishes the system naturally.

Abrastol is a new intestinal antiseptic, a sulphonated naphthol derivative.

Gallanol, a substitute for pyrogallol, is produced by boiling tannin and anilin oil together, with other manipulation. It is applied in eczemas, psoriasis, and other skin affections; reports are favorable, and it has come into extended use in a surprisingly short time.

Formalin is a new disinfectant; a powerful bactericide, but comparatively non-toxic; safer to employ in  $\frac{1}{2}$  to 1 per cent. solution than the usual carbolic acid or sublimate solutions.

### IMPACTED CERUMEN.

To dislodge hard, impacted wax from the ear, Dr. Dundas Grant (London), recommends a solution, consisting of 15 grains of bicarbonate of soda, three drams of glycerine, and distilled water to make an ounce; to be dropped into the ear, warm, followed by persistent syringing.

—*"Med. Times"* or *"Hospital Gazette."*

## Medicine.

Under the charge of E. W. BRIG, M. D., Chester, Pa.

### THE VALUE OF THE GONOCOCCUS IN LEGAL MEDICINE.

In new born children the eye, being more exposed to contact with the vaginal walls of the mother, is more frequently attacked with ophthalmia than are the genitalia.

Thus in 200 accouchements of women affected with gonorrhea, it is likely that 197 cases of ophthalmia will present themselves against 3 of vaginitis.

Morax has cited the case of a child having specific vulvo-vaginitis, who, touching the eye of a companion with her finger, communicates the disease to that eye. We can also recall the observation found in Cazenard's annals, in which a woman with gonorrhea, taking a bath with her two children (girls), communicated the disease to them.

As regards gonococci, acquired in the venereal act, their origin may also be various.

Hovand thinks that in women gonorrhea is due to sodomy (in prostitutes) or to violation (in children) more than to propagation. He has also published a case contracted by a coitus "ab ore" with a woman whose mouth presented nothing abnormal, the conclusion being that the gonococcus had been deposited in the mouth by a previous coitus of the same kind.

The authors are not absolutely agreed as to which mode of infection is most important.

Krathier concludes that infection by coitus is the rule and other modes of infection are the exceptions.

Cohen-Brach on the contrary gives statistics of 20 cases of gonorrhea—there were only found 3 cases of infection from violation, while 17 were due to indirect infection.

Edward Martin also says that in little girls vulvo-vaginitis is but rarely due to crime, but generally to the accidental transfer of pus to the genitals.

Modes of infection:

By cloths, towels, sponges, etc., whilst moist pus continues to live, especially in summer. It is probable also that even when desiccated it is still active. As regards the infecting power of the urine,

we have an experiment by Oppenheimer. He soaked a thread in a culture of gonococcus, then placed it in urine; he sowed this thread in a culture tube and obtained colonies of cocci.

If the patient, however, had taken copaiba, he obtained no result.

The normal urine does not, therefore, kill the cocci, and it is likely on micturition that the first jet, distending the urethra washes out the mucous and germs. When, therefore, gonococci are found in a medico-legal case, it cannot be affirmed that they are due to coitus or violation. In adults showing them in the urethra, there is much more likelihood of their being due to this cause.

Still the opinion of Levi, who sees a criminal in every person accused, whose urethra contains cocci, if the victim's also contains them, must not be taken as absolute proof, especially in the case of young girls.

—Annales de Med.—E. W. B.

### THREE CASES OF MENIERE'S DISEASE TREATED BY HYPODERMIC INJECTIONS OF PILOCARPINE.

One of the patients had for a long time suffered from inflammation of the middle ear, complicated with labyrinthine hemorrhage.

The other two were attacked with a disease of the meniere type, which broke out without previous affection of the ear.

The author used on these patients a series of injections, commencing with a half centigramme of pilocarpine and raised finally to a maximum of two centigrammes per day. The improvement was marked.

This treatment of the vertigo of this disease is most rational, as it has been proved of value in other rapid effusions, as peritonitis, pleurisy, etc.

### EPILEPSY.

Bromide of potassium....	100 parts.
Tincture of calabar bean.	35 "
Water .....	470 "

Gives drams iv increased to drams vj and finally to ounce j daily.

— Poulet.



## Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 44 West 46th St., New York.

### THE CARE OF THE HOLTZ ELECTRICAL MACHINE.

The editor of this department frequently receives letters of inquiry from physicians in regard to various details connected with the satisfactory operation of the static machine. Scarcely any important apparatus used in medicine is so lacking in hand books of reference as this peculiar form of electrical battery, and this fact becomes very forcibly impressed upon one who enjoys a large and varied correspondence upon the subject of electro-therapeutics. Occasional trouble must be expected from almost any kind of mechanical appliance, but, if properly handled, the Holtz machine will not contribute more than a fair share to the annoyances of those who use it. If it discharges every day—"often in a few" minutes after being changed—it is probable that mismanagement is to blame, rather than the machine. I, therefore, shall proceed to give a brief description of the proper care of this apparatus.

It is an important starting point in the perfect working of the static machine that it should be properly set up in the physician's office. It should stand evenly and firmly upon the floor, so that when in rapid motion it will neither jar nor shake. The plates, combs, collectors and all the internal parts should be correctly adjusted, so that none grate upon each other. Without an accurate primary adjustment of the machine, it cannot be expected to operate satisfactorily.

The revolving glass plates should turn evenly and smoothly, and, when everything is in proper order, the machine should be practically noiseless in action. The familiar musical instrument, known as the piano, requires a certain amount of care to keep it in tune, and in many respects a static machine resembles a choice piano. It should be placed in a large, dry room.

An inner room, or one in which the sun freely enters, is to be preferred. It should be covered when not in use and should be carefully dusted and pro-

tected from dust as much as possible, for there exists a remarkable affinity between all parts of the static machine and the floating particles of dust in the atmosphere of a room. It should not be placed near an open window or exposed to the entrance of rain, fog, mist, or damp air. The external metallic and rubber parts should be kept clean and bright with a finely-ranged jewelers' chamois. The electrodes should be similarly treated.

A little attention to these details will maintain the beautiful appearance of the machine and prevent its looking tarnished and neglected. In fact, the case, platform rod and chains should be kept scrupulously clean, bright and dustless. At the very commencement the interior of the case—the glass plates and all parts of the machine—should be absolutely dustless and dry, and ever after kept so. The problem of keeping the interior dry deserves special attention, for the successful employment of the machine depends very much upon the absence of internal moisture. During the seasons of the year when the atmosphere of the house or office is artificially dried by furnace heat, there will be no additional necessity to dry the interior of the machine, but in summer, when no fire can be used, and when the doors and windows are continually open, every rainy or muggy day will saturate the air of the house with moisture. This is the period of discontent for the static machine, but its evils can be greatly moderated by judicious care.

Various expedients have been suggested to dry the interior parts. A hermetically sealed jar of cracked ice and salt placed within the case will attract the moisture to its surface, where it will be congealed. An alcohol lamp, or heated flat-irons are also advisable in an emergency.

For the same purpose an electric light has been kept burning in the case night and day. If it is a warm, sunny day, and the situation permits, the door of the case may be temporarily opened for a drying sun bath, but the above expe-

dients are of doubtful value, and one and all of the methods mentioned may wisely be discarded for the following plan: Obtain two porcelain, glass or metal dishes of proper width to enter the case and sufficiently long and deep to hold together at least ten pounds of chloride of calcium. That made by Charles Cooper & Company, of New York, has been found most satisfactory by the author. Its cost is somewhat more than others, but it is worth the difference. It is furnished in hermetically sealed containers of ten pounds each. It is usually taken from the can and put directly into the machine, but this should never be done, for it is exceedingly hygroscopic and always contains more or less water. Unless this is first removed, and the chloride thoroughly dried, it will liquefy more rapidly and do less work in the case. Accordingly place half of the contents of the can in each receptacle, and bake it in a hot oven until the calcium is white as chalk. This may require but a few moments, or it may take several hours or even an entire day, depending upon the quantity of moisture to dry out and the relative heat of the oven; but bake it until it is thoroughly dry, no matter how long it takes. Then lift each dish from the oven, well covered with a heavy towel, and transfer it quickly to the interior of the machine while hot as it can be handled.

Instantly screw fast the door and close the case as tightly as possible. In a very short time the machine will be prepared to recharge and operate. The chloride of calcium may be rebaked whenever it has again partially liquefied, and by using dishes which can be put in the oven without injury, the same material can be used again and again with very little water. This method will be found adequate and satisfactory, and no other will be required in a properly cased machine.

It should be a frequent habit also to test the doors and see that they are closed as tightly as possible. It is a good rule never to open the doors except when necessary, and then only upon a dry day. The author would suggest that the dishes for the chloride of calcium should be made with an orifice in the bottom to carry off the liquid which generally forms into a drip pan underneath. With well-dried chloride of calcium in-

side of the case, with the case covered when not in use, with the grounding chain and conducting rod removed, and the poles drawn widely apart, the machine will rarely be found discharged. An additional precaution will consist in giving the plates a few rapid turns and thereby developing a lively charge when leaving the machine for the night. The bearings should be kept carefully oiled wherever needed, but use only the finest sewing machine oil, and apply it sparingly and only when necessary, as too much oil gums the bearings and is objectionable. If the precautions herein mentioned are followed, there should be no trouble in maintaining a charge in any climate or at any time of year when it is not too hot to permit a fire in the room even though the weather out of doors may be damp. It is only in the sultry and hot days of summer when the dampness of the atmosphere is extreme, and we can not tolerate an artificial heat to remove it, that some degree of trouble in operating the static machine is unavoidable.

The extent to which its functions are impaired will, however, depend largely upon the management of the physician using it, and by adherence to the foregoing suggestions, and the exercise of reasonable care, it will scarcely ever fail to perform a satisfactory amount of work, even under the most unfavorable conditions. I use a small inexpensive Wimshurst charger, which practically does away with all dread of my machines discharging.

S. H. M.

The June number of "Tales from Town Topics" contains a complete novel called "An Unspeakable Siren," it being a story of modern society in New York. The heroine is a highly original character, and the treatment of the subject is clever throughout. A bright collection of short stories, sketches, poems and witticisms taken from Town Topics accompanies the story, the whole volume making a tempting summer book. Town Topics Publishing Co., 208 Fifth avenue, New York City.

Dr. William R. D. Blackwood has removed to his new residence, No. 852 North Twenty-third street, Philadelphia.

## Miscellany.

### DR. PALMER WINS.

Dr. C. D. Palmer won one of the most malicious malpractice suits ever brought in Cincinnati on the 26th of May, after a bitter fight in Judge Evans' Court for two weeks. In 1888 the doctor operated for rupture of the perineum on a patient and broke a needle. The fragment could not be found either in the soft parts or on the floor. After spending ten or twelve minutes searching for it, the patient not doing well under the anesthetic, the operation was concluded and the needle not found. The after treatment was continued by the doctor and search made for the needle when removing the sutures. While the patient was still confined to her room, Dr. Palmer was thrown from his buggy in a runaway, and lay as one dead for weeks, not being able to return to his practice for a year. In the meantime the patient placed herself in the hands of another surgeon for another operation. The operator found the fragment encysted where it had been left. Suit for \$10,000 was brought by a couple of "briefless barristers" for a contingent fee. The editor of the Cincinnati Lancet-Clinic used some severe language editorially concerning the young attorneys, and they procured a horse whip and went around to the sanctum to horsewhip the editor. They had, however, miscalculated muscle, and got the beating themselves, and fled, leaving their arms behind. The editor went to Police Court with the whips as trophies and had them arrested and fined for assault and battery. This aggravated the youths, and the case was pushed with great hatred. The jury was a remarkably good one, the plea of the attorney for the defense, Judge Conner, whose father was a doctor and whose brother is Dr. P. S. Conner, of Cincinnati, was a noble effort; the charge of Judge Evans was a masterpiece of law, and should be read by every doctor in the land. The jury was all for the defendant on the first ballot. Dr. Palmer has been Professor of Gynecology in the Medical College of Ohio for a quarter of a century, and is connected with the Cincinnati and Presbyterian Hospitals.

### MEDICAL ANECDOTES.

Francis Umeau, or Vineau, of Portiers, a celebrated physician of the seventeenth century, had a very amiable wife, but he himself was not very moral in his conjugal relations, which often caused gossip. His behavior even went so far as to require a reprimand from the pulpit.

A cordelier, among others, publicly took him to task in a sermon on adultery, in these words: "We learn that there are persons among us so lost as to give themselves up to this sin, although they have in their own homes women so agreeable that, as far as we are concerned, we could well content ourselves with."

Bouvard, one of the most learned as well as brusque physicians of his times, was one day called to attend the Archbishop of Rhines, who was suffering from violent colic.

"I am coming," said Bouvard, who, however, did not stir.

"For the love of God, sir," said the messenger, "do not wait any longer. Monseigneur is suffering the tortures of the damned—"

Said Bouvard: "Already!"

—Rev. Medicate.

It appears that under the most absolute monarchies there have been less restrictions than under republics in the way of the dedications of books. Cardinal Mazarin made no difficulty in accepting the homage of a work on Callipedia, or the art of begetting fine children; Nicholas Massa dedicated his treatise on venereal diseases to Cardinal Charles Borromeo; and Ulric de Hutten did the same to the Elector Albert. The name of the physician who dedicated a work on the same subject to the Abbess of Caen is not known.

There is at Laval, in the Church of Avesnieres, a large St. Christopher whose legs bear numberless pin holes. They say they are made by young people about to marry and who thus supplicate the saint for his protection.

There is also at Chateaubriand a statue of the virgin to which they bring pins which they cast into the fountain beneath the statue, with the idea of curing eye troubles.

—Rev. Medicate.